Eligibility Statement

Covered Walkway And Façade Improvement Program



The purpose of the program is to encourage significant and substantial renovation and rehabilitation of existing downtown buildings. New construction is eligible in accordance with the Eligibility Requirements. Each project will be evaluated on its own merit with respect to eligible expenses.

This form contains basic questions that will determine if a project conforms to general eligibility requirements. It must be filled out to reserve funds for reimbursement. All projects must meet the Eligibility Requirements and participants must complete and have approval of the Reimbursement Approval form before actual reimbursement is made.

Da	te Project	ct Name					
1.	Project Address (See map for qualifying area. If multiple addresses they must all be part of a single building façade)						
2.	Property Owner Name						
3.	Owner Mailing Address	Street Address					
		City/Town	State	Zip			
4.	Owner Phone Number						
5.	Owner Fax #	Email					
6.	Project Description						

7.	Estimated Project Cost (Note: eligibility requires a minimum Property Owner/Business Owner documented investment of at least \$2,500 not including donated goods or services or other items for which no expenditure is made) \$				
8.	Match amount being sought (See Eligibility Requirements) \$				
9.	Proposed Construction Time Frame (Projects must be completed after January 5, 2004 and before 5:00 p.m. Arizona time June 30, 2005 to qualify for reimbursement). From To				
10.	How will this project be financed? Property Owner Business Owner				
	Loan Cash Other (Explain)				
11.	What business(es) occupies the property(ies) included in this request?				
12.	What type of business is it?				
13.	3. What is the property currently zoned? If unsure, call 480-312-2500.				
14.	4. Does the business use conform to property's zoning? Yes No				
15.	5. Does the business type require that employees have special certifications, registrations or other designations because of regulatory or statutory requirements? Yes No What kind of certifications?				
16.	6. If yes to 15, please identify the number of employees required to have such certifications or designations and how many currently are legally certified, registered or designated.				
17.	What year was the property built? (Estimate if not sure)				
18.	Does the project involve improvements to a covered walkway structure over a sidewalk area? Yes No				
19.	Is the sidewalk on public or private property? Public Not Sure				
20.	If over or on public property is there an encroachment easement on record allowing the construction? Yes No Don't Know (If not, one will need to be filed as part of the development process.)				
21.	Is the property on the local or national historic register? Yes No				
22.	If yes to 20, have restrictions been placed on changing the façade based on this designation? Yes No				
23.	Have plans for the improvements already been completed? Yes No				
24.	If already prepared, have the plans been reviewed? Yes No and approved by the City of Scottsdale? Yes No If yes, date approved				
25.	Has the project been bid? Yes No and have a total of three written bids been secured for the proposed work Yes No (All projects proposed for matching funds must have secured competitive written bids for the proposed work prior to the beginning of construction. If no more than one general contractor is requested to bid for the job then that contractor must obtain competitive bids for any subcontracted work.				

Submit forms to: Harold Stewart, Business Services Manager, 480-312-2311 Economic Vitality Department City of Scottsdale email: hstewart@scottsdaleaz.gov

	work, bids for that work must be made by licensed a	and bonded contractors)			
26.	Who will be the responsible party for ensuring the work is completed? (Property Owner and Contractor must confirm in writing all work has been completed and all lien releases secured and final government inspections completed before reimbursement is made.)				
	Property Owner Name or Representative				
	Address	Phone #			
	Contractor (if known) Address	Phone #			
27.	This agreement may only be made between the Prop Business Owners may sign as an acknowledgement construction responsibility is that of the Property Ov	of concurrence. The financial and			
28.	3. By signing this statement the undersigned acknowledge and agree that the City of Scottsdale is assuming no liability and making no commitment to reimburse more than the qualifying amount provided all eligibility requirements are met. Further, that agreement to reimburse in no way obligates or contractually ties or committs the City to any contractor or subcontractor, material supplier or other person, persons, company or companies providing services too or conducting work on behalf of the Property Owner. Scottsdale.				
29.	By signing this statement the Property Owner acknowledges receiving a copy of the Eligibility Requirements and Reimbursement Agreement.				
30.	The information contained in this statement is true and accurate. (Incorrect or misleading information may disqualify the project for matching funding.)				
 Pro	operty Owner (required)	Date			
	• •	Data			
Bu	siness Owner (required if participating financially)	Date			
Re	ceived by City of Scottsdale – Date	<u> </u>			
Δ ς	knowledgement of Receipt by				

When licensed contractors are required by City regulation to undertake the proposed

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Reimbursement Agreement

Covered Walkway and Façade Improvement Program



This Agreement documents the amount requested for reimbursement under the Covered Walkway and Façade Improvement Program. This should be filed with the Economic Vitality Department after written bids have been received. The approved amount establishes the maximum possible reimbursement for a project unless permission is given in writing for subsequent increases presented as changes orders to any contract between the Property Owner and/or Business Owner and the company or companies undertaking the construction work. The City of Scottsdale will maintain this commitment for a maximum period of six months from the date this agreement is signed by the City. Extensions beyond that time must be requested and approved in writing by the Economic Vitality Department.

Project Address		Date of Request	
Requesting Part (must be property	y (please sign) ty owner or designated representative)		
	accepted by Property Owner/Business Own bids must be on file with this form)	ner \$	
Amount of Rein	nbursement being requested \$		
Initial Amount A	Approved \$ Da	te	
Change Orders: Change Order A	Amount Reimbursement Requested Am	nount Approved	Date
1			
	ement amount approved including all Chan		
There are no lie	ns against this property at the time this reir	mbursement is mad	de.
By :			Date
(circle one)	(Property Owner) (Representative		
Amount Accept	ed By:		Date
(circle one)	(Property Owner) (Representative)	-	Duit
Final City Appr	ovel Dy		Doto